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PTO/SB/05 (2/98)

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 76138/111

First Named Inventor or Application Identifier Thomas LENZ

Title PROCESS FOR AUTOMATIC DRIVE SLIP CONTROL (ASRI)

Express Mail Label No. EH628967475US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing.)

6. ☐ Microfiche Computer Program (Appendix)

2. ☒ Specification [Total Pages 12]
(preferred arrangement set forth below)
- Descriptive title of Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. ☐ Computer Readable Copy
b. ☐ Paper Copy (identical to computer copy)
c. ☐ Statement verifying identity of above copies

3. ☒ Drawing(s) (35 USC 113) [Total Sheets 2]

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure ☒ Copies of IDS
Statement (IDS)/PTO-1449 Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
14. ☐ Small Entity ☐ Statement filed in prior application
Statement(s) Status still proper and desired
15. ☒ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Other :

4. Oath or Declaration Total Pages
a. ☐ Newly executed (original or copy)
b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
[Note Box 5 below]
i. ☐ **DELETION OF INVENTORS**
Signed statement attached deleting inventor(s) named in the prior
application, see 37 CFR 1.63(d)(2) and 1.33(b).

☐ Incorporation By Reference (useable if Box 4b is checked).
The entire disclosure of the prior application, from which a copy of the oath
or declaration is supplied under Box 4b, is considered as being part of the
disclosure of the accompanying application and is hereby incorporated by
reference herein.

7. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no: /

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

Name: Proskauer Rose LLP

Address: Patent Dept.
1585 Broadway
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United States of America

Phone: (212) 969-3000

Fax: (212) 969-2900

Name: Charles Guttman

Registration No.: 29,161

Signature: Charles Guttman

Date: 7/18/00

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2000</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>	<p style="text-align: center; font-weight: bold; font-size: small;">Complete If Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>Thomas LENZE et al.</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group / Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>76138/111</td></tr> </table>	Application Number		Filing Date		First Named Inventor	Thomas LENZE et al.	Examiner Name		Group / Art Unit		Attorney Docket No.	76138/111
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METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																		
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 16-2500</p> <p>Deposit Account Name: Proskauer Rose LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Charles Guttman	Registration No. (Attorney/Agent)	29,161
Signature	<i>Charles Guttman</i>	Telephone	(212) 969-3000
		Date	7/18/00

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Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.